

Travel Insurance Claim Form - Miscellaneous

INSTRUCTIONS - IMPORTANT - PLEASE READ CAREFULLY

1. Please answer all questions in FULL and in BLOCK -CAPITALS
2. Once fully completed, this form with original documents (not copies) in support of your claim with the original booking invoice should be forwarded to the Scheme Administrator for this insurance, who are; Jubilee Service Solutions Ltd, 21 Perrymount Road, Haywards Heath, West Sussex, RH16 3TP

To help prevent fraud, insurers sometimes share information and details of your claim may be exchanged between other insurers. If any claim under this insurance is fraudulent or if any misleading or fraudulent means are used by you or anyone acting on your behalf to obtain benefit under this insurance, your right to any benefit under this insurance will end, your policy will be cancelled and the insurer will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading statement. The insurer may also inform the police.

Certificate/ Policy Number:	<input style="width: 95%;" type="text"/>	Please ensure your Certificate of Insurance is enclosed with your claim.						
Surname:	<input style="width: 95%;" type="text"/>	Title: <input style="width: 15%;" type="text" value="Mr/Mrs etc"/> <input style="width: 75%;" type="text"/>						
First Name(s):	<input style="width: 95%;" type="text"/>	Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>						
Address:	<input style="width: 95%; height: 60px;" type="text"/> <div style="text-align: center; margin-top: 5px;">Post Code</div>	Daytime Contact No.: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;">STD</td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>	STD					
STD								
Date of Booking:	<input style="width: 95%;" type="text"/>	Nature of Occupation: <input style="width: 95%;" type="text"/>						
Date of Outward Travel:	<input style="width: 95%;" type="text"/>	Travel Destination: <input style="width: 95%;" type="text"/>						
		Date of Return Travel: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>						

Where the terms of your cover allow, claims payments may be made directly into your bank account. Please give us details of the account you would wish to be credited.	Your Bank Sort Code: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table> Your Bank Account Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>																

Please give details of what you are claiming for and events giving rise to your claim, providing details of the amounts claimed and to what they relate:

Continued:

DECLARATION OF THE INSURED

I declare that to the best of my knowledge and belief, the answers given above are true and I understand that if I have knowingly made a false representation any payments shall be invalidated.

I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information for such purposes. I understand that in the event of a third party being liable for the accident or illness all rights are subrogated to Jubilee Service Solutions Ltd for settlement of the claim.

Claimant's Signature:

Date:

Claimant's Signature:

Date:

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Date: